

**(Please do not type or otherwise mark)**  
**NAME**  
**(City, State, ZIP)**  
**Has Your HR Representative**

**(Name)**

**HR**  
**(Company)**  
**(City, State, ZIP)**

**(Name)**

**Has your HR representative contacted you?**

**Please explain below any negative response.**

**Under the rules of the National Health, Safety and Hygiene Act, your employer is required to let you know of your employer's current financial position. Your employer is not to be notified of your status. You are not to be notified after you have been notified in person or by mail, or by the National Health, Safety and Hygiene Act.**

**You should receive a copy of your employer's financial position. If you have not received a copy of your employer's financial position, you should contact your employer.**

**In order to be eligible for the National Health, Safety and Hygiene Act, you must be a resident of the United States. You must be a resident of the United States for at least one year before you can be notified of your status. You must be a resident of the United States for at least one year before you can be notified of your status.**

**Please contact your employer or its representative for more information.**

**Thank you.**

**(Please explain any negative response)**